

Effective Date: February 1, 2007
Revised Dates: July 9, 2008
April 14, 2010

CRITERIA FOR PRIOR AUTHORIZATION

Incretin mimetic agents

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Exenatide (Byetta®)

CRITERIA: (must meet all of the following)

- Patient must be at least 18 years old.
- Patient must have a diagnosis of Type 2 diabetes.
 - Diagnosis of Type 2 diabetes must be documented by HbA1c > 6.5%.
- Patient must have a HbA1c between 6.5%-9.0%
 - Patients with an HbA1c above 9.0% may be approved for use in combination with other oral diabetic agents.

RENEWAL CRITERIA: (must meet one of the following)

- Documented improvement of HbA1c from pretreatment levels.
- Achievement or maintenance of therapeutic goals (HbA1c \leq 6.5%).

Prior Authorizations will be approved for 6 months.